

<p style="text-align: center;">County of San Diego Health and Human Services Agency (HHS) Mental Health Services Policies and Procedures MHS General Administration</p>					
Subject:	Specialty Mental Health Services for Clients with Co-occurring Substance Use Problems			No:	01-06-117
Reference:	CCR Title 9; County of San Diego Charter and Consensus Document: Co-occurring Psychiatric and Substance Abuse Disorders			Page:	1 of 6

PURPOSE:

To describe services to be provided and documentation procedures for clients who have co-occurring substance use and mental health problems.

BACKGROUND:

San Diego County's Adult Mental Health Services, Children's Mental Health Services, and Alcohol and Drug Services signed the Charter and Consensus Document on March 24, 2003 in recognition of the fact that clients with co-occurring disorders appear in all parts of the public sector service system. Clients may present in any behavioral health setting with any combination of mental health and substance use symptoms or disorders, whether or not they meet eligibility criteria for specialty mental health services, whether or not the mental health disorders may be substance-induced, and whether or not the mental health and substance use conditions are active or in remission. Clients with co-occurring disorders, whether or not they meet eligibility criteria for any of the three parties to the Charter and Consensus Document, are associated with poorer outcomes and higher costs in multiple domains. For adults with serious mental illness who meet eligibility criteria, integrated treatment of a co-occurring substance use disorder and the mental health diagnosis is nationally recognized as evidence based practice.

There is a need for a clear set of policies and procedures (including policies and procedures regarding Medi-Cal billing and documentation) to govern access, assessment, and treatment services for individuals with co-occurring disorders in settings providing publicly funded mental health services.

POLICY:

In public sector services, many clients who meet service eligibility and medical necessity criteria for Specialty Mental Health Services have co-occurring substance use problems. Consequently, the presence of substance use should be explored with all clients and caretakers. Some clients may prove to have no substance use problem or the problem does not meet eligibility criteria, but should be identified and tracked in order to determine the nature of the service population and the service needs for individuals initially presenting for mental health services. Clients who do not meet mental health service eligibility criteria following an assessment shall be referred to other appropriate services and the referral should be documented in the chart.

Approved Date:	Approved:
February 24, 2004	
	Director, Adult/Older Adult and Children's Mental Health/Designee

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Access and Assessment

1. It is essential for clients to receive services appropriate to their unique needs, regardless of the door through which they enter the system. Please see the Welcoming Policies attached to this document.
2. Consequently, the presence of substance use should be explored with all clients and caretakers as part of routine screening at the point of initial evaluation, as well as during the course of ongoing treatment.
3. Medi-Cal beneficiaries have the right to an assessment in order to establish whether or not medical necessity criteria for Specialty Mental Health Services are met. This activity is billable, though follow up treatment will not be billable if the assessment established that the medical necessity criteria were not met. It is frequently not possible, at the point of initial presentation, to determine whether or not a client will meet these criteria and thus clients with co-occurring disorders routinely require appropriate integrated screening and assessment in order to establish service eligibility and the locus of appropriate ongoing care.
4. The specific documentation requirements of CCR Title 9 must be honored if mental health services are to be claimed to Medi-Cal, and additional Federal requirements for documentation may also apply. These requirements differ somewhat for children's vs. adults mental health programs, as detailed below.
5. For child and adult clients who meet DSM-IV-TR diagnostic criteria for more than one diagnosis, the primary diagnosis shall be the covered mental health diagnosis that is the focus of treatment. This approach is not meant to imply that the substance use issues are less important than, or result from, the mental health disorder.
6. Substance use and other diagnoses shall be included as additional diagnoses for all clients when criteria for them are met.
7. Other medical necessity criteria for Specialty Mental Health Services must also be met:
 - a. For both adult and child clients, there must be documentation of impairment in functioning (work, school, social, etc.) in addition to the presence of an included diagnosis.
 - b. For EPSDT eligible children and youth only, the impairment criterion may be met by documenting a probability that the child will not progress developmentally as individually appropriate, if treatment is not provided.

Treatment Services

1. In general, services and documentation shall focus on the primary diagnosis and the resultant functional impairment. All proposed treatment interventions shall focus on the mental health diagnosis.
2. Especially for adult clients, the substance use disorder may be discussed with the client in terms of its impact on and relationship to the primary mental health disorder.

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3. For Medi-Cal eligible children and youth, substance use/abuse should be addressed more directly if treatment for substance abuse is not otherwise available.

Coordination and Collaboration

1. Clients who have been assessed by MHS as meeting the medical necessity criteria for Specialty Mental Health services, but who require substance abuse treatment services not provided by Mental Health (e.g., drug/alcohol detox, inpatient, and residential drug treatment) shall be referred for those services to Alcohol and Drug Services (ADS). Mutual clients shall receive care coordination, as appropriate, to their needs and in conformity with County of San Diego policy.
2. Adults and children who have been assessed as not meeting the medical necessity criteria for eligibility for Specialty Mental Health services, but who require treatment for substance abuse, shall be referred to Alcohol and Drug Services.
3. Adults and children who have been assessed by ADS as needing an assessment for mental health services shall receive such an assessment as outlined above and a release shall be obtained in order to communicate the result to the ADS service provider.

Definition Of Co-occurring Disorders:

A youth, adult, or older adult is considered to be dually diagnosed when they exhibit the co-occurrence of mental health symptoms and substance use problems. The specific sub-type of dual diagnosis varies according to severity, chronicity, disability, and degree of impairment in functioning.

1. A youth with a serious mental illness and a substance use problem (or a familial substance use problem) is considered to have a co-occurring psychiatric and substance use problem by Children's Mental Health Services. The following are three recognized subtypes:
 - a. An included Axis I DSM-IV-TR mental health diagnosis with a co-occurring substance abuse or dependence. The substance abuse or dependence may be included as secondary diagnosis on Axis I if the criteria are met in the DSM-IV-TR for a substance abuse or dependence diagnosis.
 - b. An included Axis I DSM-IV-TR mental health diagnosis with a co-occurring substance use problem that does not meet the criteria for a substance-related diagnosis but causes significant impairment in the youth's life. The substance use problem may be coded on Axis IV.
 - c. An included Axis I DSM-IV-TR mental health diagnosis plus a parent, caretaker, or significant other with a substance use problem. The familial substance use problem may be coded on Axis IV. These youth are seen as "at risk" of developing a substance use problem.
2. Individuals having both a serious mental illness and a substance use problem are considered dually diagnosed in the Adult and Older Adult system of care. The following are three subtypes of dual diagnosis recognized by Adult and Older Adult Mental Health Services and they are as follows:
 - a. Included mental health diagnosis in DSM-IV-TR with co-occurring substance abuse or dependence, including substance abuse or dependence in remission.
 - b. Included mental health diagnosis with co-occurring current substance use problems that do not meet threshold for a substance abuse or dependence diagnosis.

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- c. Included mental health diagnosis with history of substance abuse problems and no current substance related problems.

PROCEDURE(S):

1. List the included mental health diagnosis that will be the focus of treatment as the primary diagnosis, specifying as required according to ICD-9 Guidelines.
2. Substance use diagnoses should be listed as additional diagnoses where criteria for them are met, again specifying as required by ICD-9. Where diagnostic criteria are not met, the substance use issue can be noted in the assessment and/or in Axis IV.
3. Record in the Other Factor field in InSyst the criterion under which the client meets one of the definitions of co-occurring disorders. Several Other Factor codes have been modified or added in order to capture this information and these are described below. Since only one Other Factor can be recorded per client, providers shall select the first code that applies, in the following order: #10, #1, #8, or #9. However, if the client has substance use combined with something else, such as Developmental Delay, instead select the code that best reflects the multiple disorder, e.g., Substance Use and Developmental Delay.
 - a. "Substance Abuse (except IV Drug Use)" (#1 in Other Factor codes), shall be used when a client has substance use issues that have been or could be formally diagnosed in DSM-IV, unless the drugs are administered intravenously. See 3d, below.
 - b. "Substance Use that Does Not Meet Diagnostic Criteria", Code #8, shall be used when the client's substance use does not reach the level that it can be formally diagnosed.
 - c. "Substance Use in Caretaker or Significant Other", Code #9, shall be used when the substance use is not by the adult or child client but by a member of the client's household or by a significant other. The other's substance use must be causing impairment in the client's functioning.
 - d. "IV Drug Use", Code #10, shall be used whenever the client is using or abusing drugs intravenously.
4. Client Plans should clearly reflect any services that may be needed to address the co-occurring substance use problems, whether offered by the mental health provider or via referral to another program.
 - a. Services within a mental health program should be focused as a mental health intervention, i.e., call a group "Recovery" or "Multiple Challenges."
 - b. Service plans should be tailored to the integrated treatment of the client, including interventions or referrals to assist with both co-occurring disorders, and should take into account the cognitive level of the client as well as motivation and stage of recovery.
 - c. If a client or caretaker appears at an assessment or treatment session in an intoxicated condition, the client shall be evaluated as to whether the session should continue or be rescheduled, or another appropriate disposition should be determined.
5. Services for adult clients:
 - a. The progress note must meet all documentation requirements and must list a mental health diagnosis or problem as the focus of the intervention that day.
 - b. All services must be focused toward and address the mental health needs of the client. Substance use issues should be mentioned and dealt with in this context.

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Example: "Problem: Bipolar Disorder with Depressed Mood: Discussed client's use of alcohol in terms of coping with anxiety, depression, social isolation, etc. Listed, with the client, a variety of alternatives to drinking in order to manage these feelings, such as taking a walk, going to a movie, attending an Alcoholics Anonymous meeting, or taking psychotropic medication. Educated client as to the effects of alcohol in initially relieving but then worsening feelings of anxiety and depression. Client does not accept referral to a substance abuse treatment program."

6. Services for child and adolescent clients:

- a. EPSDT Medi-Cal permits treatment of substance use disorders in eligible children and youth if such treatment is consistent with the goals of the mental health treatment and the service is not otherwise available.
- b. Treatment planning and certain individual sessions for a Medi-Cal eligible youth could be focused solely on a substance-use problem, provided an included mental health diagnosis is also present.
- c. If the child or youth is not Medi-Cal eligible, follow the adult documentation guidelines above.

Example of a note focused primarily on substance use: "Problem: Substance Abuse: Met with client and family to address co-occurring dx of substance abuse. Current condition: Client denies complaints, client well groomed (in athletic wear), clear thinking; yet somewhat down from last session. Strength noted: client reporting a desire to stay clean and sober. Therapeutic intervention: sobriety contract agreement utilizing open-ended questions, I statements and reframing to assess and process thoughts and feelings regarding the details of the agreement and positive and negative consequence for client's follow through. Response to tx: Client participated in the development of the contract and agreed to follow it. Client signed the sobriety agreement contract and stated he felt he could do it. Progress toward goals: Client appears to be willing and motivated to follow through on objective one of his treatment plan. Client appears to have lowered his defenses and seems to be accepting that he has a problem with substance use. Plan of care: assist and support client in his abstinence of substance use, explore client's patterns and insight into his triggers and usage. Discuss a daily structure for using healthy skills to promote abstinence and to develop alternative positive replacement behaviors."

Example of a fully integrated progress note (substance use discussion integrated into mental health note): "Problem: ADHD with Delinquent Behavior and Impulsivity: Client discusses perspective on substance abuse and its contribution to delinquent behavior. His stage of change is identified as being (x) and the following interventions were offered: Motivational enhancement and skills training to change the substance use. Impact of substance use on family relationships was also explored. Client is integrating his work on impulse control and social skills into efforts to reduce substance use and develop a network of sober peers. Plan: Client to track amount of marijuana use for two weeks and think about making friends with youngsters who do not use drugs. Return in one week."

7. Documenting collateral visits in children and adults if substance use issues are present in the collateral person:

- a. The presence of substance use in a family member or significant other is a definite complication to treatment. It should be included in assessment materials, Axis IV as appropriate, and in the Other Factors field in InSyst.

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- b. For Medi-Cal claiming, all collateral visits must focus on the mental health needs of the identified client. Thus, a substance abusing parent or spouse might receive education regarding the effect of their substance choices on their role as a parent or spouse in relation to the client. Referrals might also be made. However, discussion with this collateral should focus on the impact of the substance use on the mental health client and/or how to manage the client's needs and the interaction more effectively.

Example of a collateral note: "Met with client's parent to discuss ways to support client's continued abstinence from alcohol and how alcohol interacts with his depression. Among items discussed were refraining from questioning client when he has just returned from work, keeping no alcohol in the house, and never drinking in front of client. Discussed how to plan meals and events for the upcoming holidays without increasing stress on any family member and without including alcohol on meal menus or at parties."

ATTACHMENT(S):

- 1) Welcoming Policy for Children's Mental Health Services
- 2) Welcoming Policy for Adult/Older Adult Mental Health Services